Mental Health Seeking Behaviors and Trends Among the Hmong Population

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Abstract

The Hmong are an ethnic group from Southeast Asia who have lived as forced political refugees for the past several hundred years. In 1960s, the Central Intelligence Agency (CIA) recruited the Hmong to assist them with the Vietnam War. After the United States withdrew from the war, the Hmong were left behind and became the target to the Laotian and Vietnamese communists. This led to them experiencing traumatic events as they walked from Laos to Thailand to escape ethnic cleansing. From the refugee camps in Thailand to arriving in the United States, the Hmong have encountered various mental-health related issues. The purpose of this literature is to explore the mental-health seeking behaviors among the Hmong population and identify the common mental-health issues they encountered. Using a systematic review, a total of 27 articles were picked from PubMed and Hmong Studies Journal to be examined. This literature review found that the Hmong people have a low rate of seeking Western treatments because their community has always consulted a Hmong shaman, herbs or family members when they experience an illness. Findings also revealed common mental problems: depression, anxiety, adjustment issues, and other health concerns related to the work environment in a new country.

Introduction

Background of the Hmong People

The Hmong people are an ethnic minority who originated as non-literature and have fought throughout history to maintain their cultural identity and interdependence (Gerdner, 2015). The origin of the Hmong has continued to be a debatable topic for researchers and historians. However, anthropological studies have revealed that the Hmong are an indigenous population in Asia and one of the sub-groups of the Miao ethnicity in southern China (Quincy, 1995). During the 19th century, some Hmong began migrating to remote areas of Vietnam, Laos, Burma, and Thailand to avoid Chinese domination (Culas & Michaud, 2004). Many of the Hmong settled in the highest mountain peaks in Laos where they cleared portions of jungle to build villages (Vang, 2003). Their primary food source was farming and domesticated animals such as chickens and pigs. The Hmong lived and maintained this lifestyle for years.

In the 1960s, the Vietnam War between the Americans and Vietnamese spread into Northeastern Laos, where the geographic area was inhabited by a large number of Hmong people (Gerdner, 2015). The war is

also known as the “Secret War” and changed the course of history for the Hmong people. The Central Intelligence Agency (CIA) recruited the Hmong boys and men and trained them as guerilla soldiers (Gerdner, 2015). After the war, the United States soldiers and pilots went back to their country, leaving the Hmong as the target. The Laotian and Vietnamese communists aimed to eradicate the Hmong and resulted in the death of an estimated half of the Hmong population (Meredith & Row, 1986).

The survivors had to flee through the jungles on foot so they could cross the Mekong River, the world 's 12th largest river, into Thailand. Because the Hmong lived in highlands, there were no large bodies of water so they were not good swimmers. As a result, thousands of lives were taken while swimming to cross the Mekong River. Many Hmong settled in refugee camps in Thailand. After the settlements, some returned to Laos, whereas Majority resettled as political refugees in Thailand, France, Argentina, France, and the United States. As reported by Lee (2015), the United States hosts more Hmong as political refugees than other countries.

Many of the Hmong survivors suffered from witnessing the death of their loved ones, gun wounds, nightmares, forced relocations, poverty, and fear for their safety (Hamilton-Merritt, 1993). Given the experiences that the Hmong people had, it is reasonable to conclude that a significant number of them have mental health-related problems (Gensheimer, 2006). Previous research found that the prevalence rates of mental health disorders among Hmong Americans are higher than the general U.S. population and other

Southeast Asian refugees (Lee, 2013). Lee and Chang (2012) estimated the current mental health incidence status for Hmong Americans was 33.5%.

Aim of the Study

Many research on mental health have been done on Southeast Asian refugees such as Cambodia, Laos, and Vietnam. Mollica et al. (as cited in Lee & Chang, 2012) reported that 50% of Southeast Asian refugees were diagnosed with a prevalence rate of posttraumatic stress disorder (PTSD), and 71% percent with a rate of mixed anxiety and depressive disorders. Although these statistics represent Southeast Asian refugees, the Hmong population is not included. Thus, research has yielded an inconsistent result of different ethnicities. This explains the limited literature on the mental health of the Hmong population. The purpose of this paper is (a) to explore the mental health seek-behaviors of the Hmong population in the United States (b) identify the common mental health-related disorders within Hmong Americans.

Methodology

To fulfill the aims of our study, a colleague and I conducted a literature review using a systematic approach to examine peer-reviewed literature related to mental health of Hmong Americans. According to Bruce & Mollison (2004), “A systematic review is a critical synthesis of research evidence, which involves analysis of all available and relevant evidence in a systematic, objective and robust manner.”

Search Strategy

Our literature search was conducted using the strategies: PubMed and Hmong Studies Journal. When searching PubMed, we captured one main concept: mental health of Hmong. We limited our search to articles written in English. For the date, we included articles ranged from 1975 to 2019. The year 1975 was chosen because that was the year when the Vietnam and Lao communists started attacking the Hmong people in highlands since the United States withdrew from the war. We understand that it is important to keep articles updated and limited to 10 years, but literature for our topic is very limited. Therefore, any article would benefit us by being an additional source. Various terms for the Hmong were used, including *Miao*, a term often used by the Chinese to describe Hmong people. In addition, we used terms such as *Hmong mental health, Hmong depression* and *Hmong trauma* with our search because their experiences were related to those terminologies.

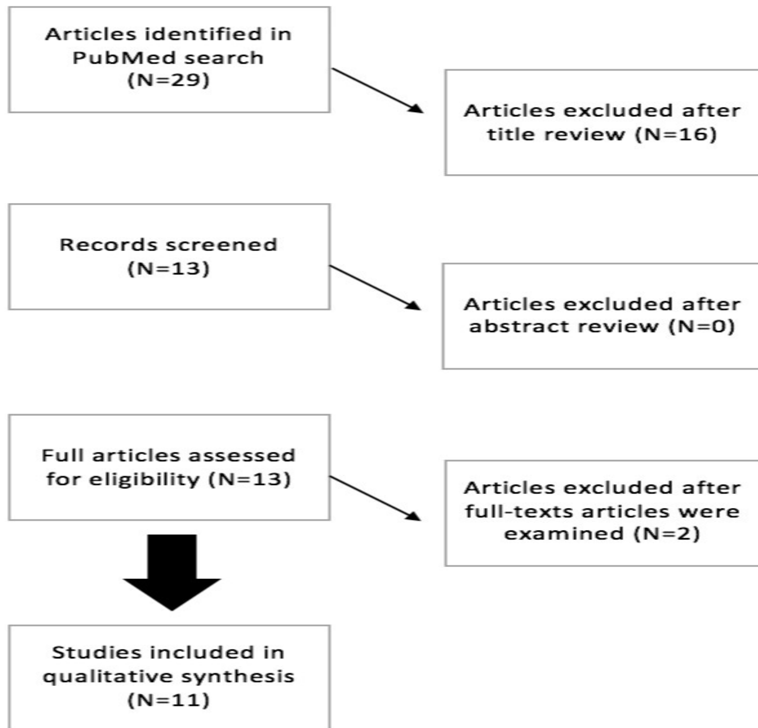
Hmong Studies Journal was a crucial asset for our literature search. The Hmong Studies Journal is a peer-reviewed Internet-based academic publication devoted to the scholarly discussion of the Hmong people and experiences in the United States and around the world. There were 19 volumes, and we browsed through all volumes and issues to identify articles that provided information relevant to our study.

Article Selection

When using PubMed to search for literature, we conducted a three-stage screening process. We started with reviewing the title and keeping articles that included the key words we were looking. We proceeded by looking at the articles we kept and read the abstract. Afterwards, we excluded literature with abstract that were too broad. We ended with reading the full-text article review and retained articles that were relevant and would benefit our paper.

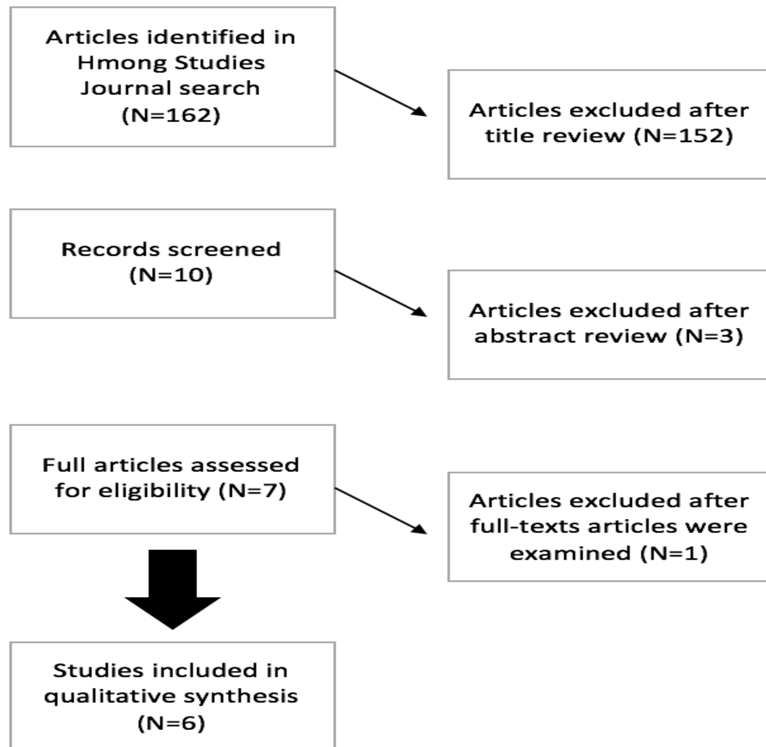
When searching PubMed, a total of 29 were identified. We reviewed the journal article titles to determine whether they were relevant or irrelevant. Based on the title review, 13 articles were included while 16 were excluded. In our second stage we screened the abstracts and agreed that all 13 articles met the eligibility. For the last stage, the articles were examined full-texts articles for eligibility, and two articles were excluded. One focused on Southeast Asian refugees, and Hmong were mentioned but not enough information to support our paper. The other excluded article focused on the mental health literacy of the Hmong Americans, but literacy was not one of our aims. After excluding these articles, 11 articles were included in the qualitative analysis. See Table S1.

Figure 1 Flow chart of the review process.



In the Hmong Studies Journal, because there was no search button, we browsed through every single volume of the 19 volumes and identified 162 articles. Utilizing the same three-stage screening, we started off with the title review and found ten articles. After that, we continued with the second stage and screened the abstracts. Three of the articles were removed because they focused on health, but not mental health. This left 7 articles. For the third stage, we analyzed full-texts articles for eligibility and concluded that one article did not meet the criteria. After excluding these articles, 6 articles were included in the qualitative analysis. See Table S2.

Figure 2 Flow chart of the review process.



From PubMed and Hmong Studies Journal, we have 17 articles combined. We did additional search on anthropological articles on the Hmong paper to assist with developing our background. We used Google Scholar and picked 10 articles, which we thought provided a clear understanding of the history of the Hmong. In total, with 17 articles and 10 articles we later found, we had a total of 27 articles to examine.

Results

Health Seeking-Behaviors

There are a few studies that have shown findings that are relevant to the health-seeking behaviors of Hmong Americans. In Chung & Lin (1994) study, they found that the Hmong are less likely to seek Western treatments compared to other ethnic groups. The Western treatments included all kinds of health treatments, physical and psychological. Chung & Lin (1994) reported that 179 out of 302 Hmong participants were willing to seek Western treatments. In statistics, it is only 59%. In addition, Westermeyer (1988) found that 86 out of 102 Hmong participants did not seek help for their adjustment disorder. This is 84%, a very high percentage; it is more than ¾ of the sample study. In order to understand the health seeking-behaviors of the Hmong population, we have to understand their family structure and spirituality, which are two major components of their identity. These components shape them in many aspects and have an influence on decisions any make on a daily-basis.

Family Structure

In the Hmong community, there are 18 clans. The name of the clans are: Chang, Cheng, Chue, Fang, Hang, Her, Khang, Kong, Kue, Lee, Lor, Moua, Pha, Thao, Vang, Vue, Xiong, and Yang. All children become part of their dad's clan. Once the daughters are married, they and their children become the clan of their husband. Hmong people practice exogamy, a custom which the person to marry someone outside of his or her clan. They value family more than anything. Gerdner (2015) quoted that "Family units

are traditionally patriarchal with strong family bonds based on interdependence." Any life decision that affects an individual in a Hmong family will affect all the family members. This includes but not limited to decisions that are related to career, marriage, residence geographic location, and health. Because family plays a major role in their lives, it is common for the Hmong to seek help from their family members or people in their clan (Gerdner, 2015). When an individual pursues help from their family, he or she is recommended to use traditional healing methods such as *tshuaj ntsuab* (herbs), *kws tshuaj* (Hmong medicine doctor), *kws khawv koob* (ritual healers), and *hu plig* (a soul calling ceremony) (Gensheimer, 2006). This resulted in many of them not utilizing mental-health service.

Spirituality

The Hmong people practice shamanism, which is a combination of animism and ancestor worship (Gerdner, 2012). Traditionally, everyone is believed to be born with multiple souls. There is no exact number since beliefs differ based on a variety of factors such as clan affiliation or geographic region of origin (Bliatout, 1991). The amount of souls are believed to be either three, seven, nine, twelve, or thirty-two (Bliatout, 1991). The Hmong believe that there are spirits everywhere. This includes spirits in natural entities, such as trees, rocks and bodies of water; the spirit may be benevolent or malevolent (Gerdner, 2015).

In the Hmong traditional spiritual belief system, all souls within a human being must remain in harmony to preserve health, both spiritually and physically (Gerdner, 2015). The Hmong believe that when they are ill, it is related to spirituality. In their belief system, there are three primary causes of spiritual illness (Gerdner, 2015). The first is *poob plig*, which interprets that one of the souls of the human being has “fallen” or voluntarily leaves the body (Gerdner et al., 2008). The second is an evil spirit capturing a person’s soul (Gerdner et al., 2008). The third situation is when an evil spirit invades or attaches itself to the person’s body with an intent to harm the person (Gerdner et al., 2008). All these causes are often cured through a Hmong shaman, a spiritual healer. A shaman is believed to be spiritually chosen by their pureness. Shamans do not have a physical power, but it is rather a spiritual one (Pin-Perez et al., 2004). According to Gerdner (2015) qualitative study, a shaman described his practice as a gift to heal while physicians have to obtain knowledge through a university. Because shamans are traditionally the healers for the Hmong community, individuals tend to seek help from them when experiencing an illness. In Pin-Perez et al. (2004) study, he found that 49% of 115 Hmong residents in the central California region first consulted a physician when they have health problems. On the other hand, 54% reported to consult a shaman (Pin-Perez et al., 2004). Lor et al. (2017) found that all participants (*N=11*) in their study would seek a physician if their symptoms were visible to the eye. However, if not, they would ask a Hmong shaman (Lor et al., 2017). Additionally, Chung & Lin

(1994) study revealed that Hmong participants had lower help-seeking behaviors in utilizing Western medicine practices at 11%. Meanwhile, 68% was observed for Vietnamese, 53% for Laotians, and 44% for Cambodians and Chinese (Chung & Lin, 1994).

Common Mental Health-Related Disorders

Through exploring literature, many mental-health related orders were identified in the Hmong community. The Hmong were reported to have the lowest arithmetic scores when it came to happiness (Ying & Akutsu, 1997). On a scale from 0 to 5, with 0 being the lowest and 5 the highest, the Hmong scored 1.87 compared to Cambodians with 2.53, Vietnamese with 3.05, and Chinese with 3.39. In 1989 in Minnesota, Kroll et al. (1989)conducted a study where he tracked the depressive and anxiety symptoms of 404 Southeast Asian participants, of whom 204 were identified as Hmong. Findings revealed that the Hmong had higher proportions of depressive depressive disorders than other Southeast Asians, showing 80.4% (Kroll et al., 1989). Cambodians' depressive disorders percentage was 70.7%, Laotians had 59.25%, and Vietnamese with 54.1% (Kroll et al., 1989). Furthermore, in Hirayama & Hirayama study in Tennessee, 25 Hmong men were interviewed about their stress levels and linkages to social support systems. Hirayama & Hirayama (1988) identified many stressors, including homesickness from their original country, personal medical issues, job loss or inability to secure job, poor communication with work supervisors, and home appliance failures. Over

half of the 25 participants, 52%, were at risk for depression (Hirayama & Hirayama, 1988). In terms of anxiety, an association was found among postpartum Hmong female (Foss et al., 2004). With the whole refugee experience, the Hmong were found to show adjustment disorder symptoms. 31% of a study with 97 Hmong participants showed symptoms that qualified for an adjustment disorder (Westermeyer, 1988). Ultimately, in 1991, Mouanoutoua & Brown found strong correlations of major distress among the Hmong community that included a loss of libido and irritability, a sense of failure and pessimism, sadness and helplessness, difficulties in work, and somatic preoccupations (Mouanoutoua & Brown, 1991).

Conclusion

The findings of literature reviewed revealed mental health diagnosis was prevalent in Hmong Americans, particularly among those who immigrated to the United States from 1980 to 2000 as political refugees. Mental illnesses include depression, adjustment, anxiety, postpartum, and aging in a different country. Although it was prevalent, the health seeking rate was lower in the Hmong community because of the way the culture is structured. For generations, they have sought a shaman, family members and herbs for help. Givens that Western treatments are a new form of treatment, it may indicate that the Hmong see it as unreliable.

Discussion

It is important to note that most of the data was collected in the 1980s to 1990s, which indicates that the mental health of the Hmong may have changed now in 2019. Back then, many of the Hmong just arrived in the United States, a country filled with a culture which they were not accustomed. Now, many of the children from the parents who immigrated here are second-generation, research is needed to be conducted to understand the mental health of the overall Hmong population. Currently, there are no statistics on the prevalence rate of mental health disorders in Hmong Americans (Lee & Chang, 2012). Furthermore, it is important to understand that although the Hmong walked from Laos to Thailand as a consequence of the war, they all have different experiences. Some lost all their family members from the war and encountered a more traumatic experience compared to those who lost only one or a few family members. The geographic location of where the Hmong lived in Laos also had an impact on their traumatic experience. Those who lived in Northern Laos took a longer time to walk cross to Thailand, whereas those who lived in Southern Laos could easily cross the border. This indicates that they faced more communist soldiers through their journey as they walk. As well, there were multiple refugee camps, and their treatments they received from the United Nation soldiers are different - from torturing to establishing a secure environment.

Major limitation of this study included the lack of access to book articles, unpublished theses or dissertations, and findings from local Hmong agencies or community members. Also, most of the data were from the 1980s to the late 1990s. This means that it was not representative of the current mental health being. Future studies should focus on a specific group of the Hmong refugees and try to identify if their mental-health is associated with their geographic region. Also given the fact that the Hmong experienced near death situations, future research should study more on posttraumatic stress disorders among the population.

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